Founding Integrative Medicine Centers of Excellence:
One Strategy for Chiropractic Medicine to Build Higher Cultural Authority

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Chiropractic physicians are seeking a higher level of cultural authority within their communities and the United States health care system. This commentary suggests an innovative strategy that might expedite the attainment of professional authority while improving the training of chiropractic students and faculty. The authors propose the founding of integrative medicine centers of excellence by colleges of chiropractic that will employ clinical faculties comprised of allopathic, chiropractic, osteopathic, and naturopathic physicians. Initially, the health care facilities should offer primary care through an integrative medicine model. It is anticipated that these centers of excellence will require both government and private funding in order to develop research programs, provide high-quality patient care, and improve the medical training for students with residents programs. (J Chiropr Educ 2008;22(1):29–33)

Key Indexing Terms: chiropractic; complementary therapies; cultural authority

INTRODUCTION

For over four decades, the practitioners of chiropractic medicine have been struggling to gain more patient and community awareness and respect, increased professional credibility, and an improved hierarchical role in society that is now commonly described by anthropologists, sociologists, political scientists, marketing specialists, and other university academics as established "cultural authority."[1] Such authority closely relates to elevated medical-professional status that is dependent on other health care providers', government officials', and corporate decision makers' perceptions of the scientific legitimacy and/or therapeutic efficacy of chiropractic treatments.[2,3]

Successes, Frustrations, and Criticisms

This endeavor by chiropractic medicine has been arduous and frustrating at times.[4,5] Although the chiropractic profession has made considerable headway in specific initiatives in all states regarding licensing, disability claim and insurance reimbursements, and managed care reimbursement,[6,7] chiropractors still suffer discrimination and the pain of prejudice among the diverse community of health care providers, particularly by allopathic physicians.[8–10] The criticism of chiropractic medicine is often harsh and discomforting. One common complaint against the profession remains the perceived resistance of its practitioners to the use of evidence-based medicine.[11,12] Chiropractic academic and clinical training is often dismissed as limited or inferior to the rigorous, comprehensive instruction and the challenging clinical residencies demanded by allopathic schools of medicine.[13,14] Chiropractors are often perceived as cultist or isolationist by other health care providers and the public at large, or as highly commercial "hucksters," whose advertising practices occasionally reach the excesses of unmitigated puffery.[15–17] Unfortunately, the chiropractic profession is rarely perceived as Promethean and avant-garde in its development of innovative models or

The Journal of Chiropractic Education

Vol. 22, No. 1. Printed in U.S.A.
1042-5055/$22.00

systems for organized, planned health care in today's rapidly changing international marketplace.[18,19] Chiropractors are rarely perceived to be the potential leaders and "movers and shakers" in the dynamics of our own nation's resolution of pressing 21st Century health care issues and problems.[20,21] We suggest that isolationist behavior causes these misperceptions of the profession.[22]

Strong Advocates and Patient Patrons

However, such negative perceptions of chiropractic medicine are certainly not universally held by the public and consumers of health care, or by all other health care providers, including allopathic physicians. Revealing academic studies by the Center for Alternative Medicine Research and Education at Beth Israel Deaconess Medical Center in 1990, and then again in 1997, indicate that consistent patient/consumer majorities of the American population seek alternative medical services.[23] Of special interest, these interview studies indicate that services of chiropractic physicians are the most commonly requested alternative therapies sought by patients paying "out-of-pocket" for relief of ailments or chronic diseases.[24] Such academic research demonstrates an evident demand for chiropractic medical interventions by many millions of American adults who perceive service value and health benefits from what are popularly believed to be highly specialized treatments that only chiropractors provide.[25,26]

Culture Code and Cultural Authority

We suggest that this strong demand for chiropractic services can be linked to what author Clotaire Rapaille discusses in his work *The Culture Code* as Americans' particular, and perhaps peculiar, cultural understanding of the pursuit of health and wellness,[27] "For Americans health and wellness means the ability to complete your mission... Americans believe that if they are strong enough to act, then they are healthy. Their greatest fear about being sick is the inability to do things." Rapaille claims that there is a code for the American pursuit of health and wellness and it is *movement*, which demonstratively fits the chiropractic treatment model.[28]

Based on readings and our observations, we propose that Americans are keen for chiropractic care because these interventions do, indeed, bring patients perceived relief from painful injuries or ailments, and do set them on a course of recovery from physical disabilities and toward restoration of range of motion and comfortable body movement.[29] Chiropractors' patients experience relief from pain, increase their movement, and thereby, according to code, perceive improved health.[30] These patients and satisfied customers believe that chiropractic treatments work, and in this commentary, we argue that what works in the United States is what holds value, truth, and cultural authority.

Chiropractic medicine, despite instances of bigotry and prejudice and despite some of its practitioners' worst business behaviors, remains a very viable product in our health care marketplace today.[31] Through its good treatment practices and community relations and political action initiatives, chiropractic medicine has built increased cultural authority over the decades with most public and private sectors, and slowly but surely, in fits and starts, within the health care community itself.[32] It is our opinion that the future success of the chiropractic profession in the United States mandates its embracing of holism,[33] integrating into primary care medicine as physicians,[34] and working with osteopathic, naturopathic, and allopathic physicians.[35]

Chiropractic's Lost Strategic Advantage

But in several strategic domains, chiropractic medicine and its colleges have fallen dreadfully short of optimal advantage for gains in cultural authority. For decades, one principal strategy used by mainstream allopathic and osteopathic medicine to build their own increased cultural authority has been an academic emphasis on controlled research to support the validity and efficacy of their many and diverse therapeutic interventions.[36,37] We argue that chiropractic colleges could, should, and must "invest" in controlled academic research, and also teach a regiment of evidence-based treatments to greatly improve the cultural authority position of chiropractors. We admit this gain will only come at enormous institutional or government-subsidized cost and only over many decades of research and research publicity. And so, we propose a complementary strategy for more immediate gains in cultural authority—an active involvement in the significant national and worldwide paradigm shift toward integrative health care services or integrative medicine.[38] This innovative proposal requires chiropractic colleges to create multidisciplinary clinical faculties with a combination of chiropractic, osteopathic, allopathic, and naturopathic physicians.

Some Imperfect Perfect Precedents

Academic survey studies in 1990 and 1997 referenced earlier peaked the interest of practitioners of mainstream medicine in alternative, "unconventional" medical practices and patient demand for such therapies. In 1999, as increased funding became available from the federal government for studies of alternative and "unorthodox" medicine through the National Institutes of Health (NIH) and a newly established National Center for Complementary and Alternative Medicine (NCCAM),[39] allopathic medical schools established a Consortium of Academic Health Centers for Integrative Medicine (CAHCIM)[40] with a publicized purpose of expanding and developing the field of integrative medicine.

We propose that mainstream medicine read "the writing on the wall" and took quick action to closely align their practices and business operations with rapidly evolving market trends and developing funding sources. With studies revealing that alternative modes of care were capturing huge percentages of Americans' expendable health care dollars, we contend that mainstream medicine acted strategically to take "the driver's seat" and gain steady control of the institutional development of integrated medicine at the state and national levels. Allopathic medical schools gained huge advantages for new research dollars.

Money, Power, and Control

In respect to dominance of organized integrative medicine, allopathic physicians have been, and continue to be, highly successful.[41] Their dozens of prestigious medical schools, through the CAHCIM, have won nearly all the grants for federal funding for research and for comprehensive training in the complexities of integrative medicine and the continuum of complementary and alternative care—for teaching faculty, medical students, and residents.[42] We contend that there are biased NCCAM research objectives that are supported by formulated grant criteria that have made outcomes for the funding of more than 1000 research projects for more than 200 "qualified" educational institutions quite predictable. Indicative of this government agency's conservative disposition and tilted orientation is the wording in the executive summary of NCCAM's 2005–2009 organizational goals. The summary reveals that new research goals are based on "a realization" that there should be, "... the integration of proven CAM practices with mainstream medicine."[42]

Regrettably, in several respects, the operational models at the allopathic Centers for Research on Complementary and Alternative Medicine are less than perfect, and questionable regarding "excellence." In many cases, allopathic and osteopathic physicians alone make the decisions about which alternative health care providers are invited to join in the teaching and healing endeavors. Because of resilient bigotry and discrimination discussed earlier in this essay, chiropractors are often systematically excluded from meaningful participation as teaching faculty or health care providers at these Centers for Research.[43] We argue that any such circumstance of bigotry, exclusion, or segregation at research and care centers for integrative medicine constitutes a scandalous predicament of deep concern to all professional health care providers in the United States today, whatever their healing discipline.

A PROPOSAL FOR INTEGRATIVE MEDICINE CENTERS OF EXCELLENCE

In this commentary, we recommend the founding of integrative medicine centers of excellence by chiropractic colleges. We propose this strategy as one approach for chiropractic medicine to gain higher cultural authority in an effective manner, in a relatively short time. Allopathic and osteopathic physicians have already taken the lead in establishing the first centers of integrative medicine, however flawed as models for excellence. We suggest that through its new centers, mainstream medicine has made gains in community respect, consumer satisfaction, and cultural authority surrounding its perceived efforts to develop diverse health care choices, for their insured and uninsured patients/customers.

With chiropractors frequently excluded from active, meaningful participation in allopathic centers of excellence in integrative medicine, we contend that chiropractic medicine must found its own centers for integrative medicine and research that include allopathic, chiropractic, naturopathic, and osteopathic physicians. We propose that chiropractic colleges found these new and unique integrative medicine centers because NIH[44] and private sources of funding[45] are available to generously support such undertakings with educational institutions. We suggest that the boards, administrations, faculty, and alumni of these chiropractic colleges will be most

competent in the objective and intelligent development of these centers to the broad advantage of the entire chiropractic profession and the larger mission of holistic, integrative medicine. We contend that greed or narrow self-interests in the pursuits of integrative medicine will be deadly to the entire movement. Centers of excellence at chiropractic colleges must be wholesome paradigms of integrative medicine, beyond reproach and above rancorous scandal. The success of these centers will depend on the development of contemporary business plans with reasonable and achievable goals that incorporate professional services providing customer satisfaction and adequate revenue. As stated earlier, a multidisciplinary clinical faculty must be engaged, not only to provide patient care, perform research, and improve education in these centers, but also to maximize profitability.

New Standards for Tolerance, Inclusion, and Integration

Chiropractic medicine has an opportunity to set new, stellar standards for integrative medicine centers of excellence. We propose that these newly founded integrative health care centers can be improvements on many or most of the allopathic integrative medicine centers through appropriate operational and structural "adjustments." We predict that these institutional adjustments would increase the respectability, integrity, and the cultural authority of chiropractic medicine and all chiropractic colleges in the near future. Chiropractic college integrative health care centers must be broadly tolerant and inclusive—without bias, bigotry, prejudice, or segregation in their disposition and programming. At these unique health care centers, no practitioner of any independent healing discipline could ever be asked to sit "at the back of the bus." All patients should certainly have broad freedom of choice of healing services.

Foundations for Cultural Authority

Setting a shining example of tolerance of diversity in American culture is a strategy that should be followed by all chiropractors, chiropractic educators, and chiropractic colleges at every opportunity. The chiropractic profession can do so now through the founding of its own unique integrative medicine or integrative health care centers of excellence that can be ideally dedicated to faculty clinical practice, advanced integrative patient care, teaching and resident training, and controlled academic research. We suggest that the interpersonal interactions at these new integrative health care centers between patients and their diverse communities of both "orthodox" and "alternative" healers would generate enormous gains in cultural authority for the chiropractic profession.

CONCLUSION

To conclude, we propose that cultural authority in the United States depends on the entire community's perception of a professional group's distinguished, magnanimous behaviors for the common good. We observe that cultural authority in America depends on the people's perception of a medical group's integrity and support of both professional and personal freedoms. And we envision no better way to support both of these welcomed public perceptions than to establish diversely inclusive chiropractic colleges' integrative health care centers of excellence, as soon as feasible.

Received, August 31, 2007
Revised, October 11, 2007
Accepted, October 12, 2007
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